

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL					
1. Company ID Code		2. Company Name/Address		<i>For OIC Use Only</i>	
3. Date Submitted				[] File ID [] Analyst	
4. Proposed Effective Date					
5. Contact Person					
6. Title					
7. Phone		8. Fax		9. Email	
10. Purpose of Filing					
<i>Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box</i>					
11.		A		B	
		Contract #/Effective Date		Prior Contract #/Effective Date	
		C		Product Name	
STANDARD MASTER CONTRACT					
<input type="checkbox"/>					
12. Large Group (51+)					
<input type="checkbox"/>					
13. Application					
<input type="checkbox"/>					
14. Certificate of Coverage					
<input type="checkbox"/>					
15. Endorsement/Rider					
<input type="checkbox"/>					
16 Small Group (1-50)					
<input type="checkbox"/>					
17. Application					
<input type="checkbox"/>					
18. Certificate of Coverage					
<input type="checkbox"/>					
19. Endorsement/Rider					
<input type="checkbox"/>					
20. Individual					
<input type="checkbox"/>					
21. Application					
<input type="checkbox"/>					
22. Endorsement/Rider					
<input type="checkbox"/>					
23. Conversion					
<input type="checkbox"/>					
24. Endorsement/Rider					
<input type="checkbox"/>					
25. Other					
26. PRIOR APPROVAL					
<input type="checkbox"/>					
27. Provider Agreement					
<input type="checkbox"/>					
28. Benefit Comparison Brochure					
29. RATE		Contract # Effective Date		Prior Contract # Effective Date	
<input type="checkbox"/> Proprietary <input type="checkbox"/> For-Public				Negotiated Contract # Effective Date	
30. NEGOTIATED CONTRACT		Master Contract # Effective Date		Negotiated Contract # Effective Date	
Group Name					
				Contract Changes Apply To	
Group Number				<input type="checkbox"/> Contract	
				<input type="checkbox"/> Certificate of Coverage	
				<input type="checkbox"/> Endorsement/Rider	
<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Government					

INSTRUCTIONS FOR COMPLETING THE TRANSMITTAL (INS – 1120)

Transmittal forms that are incomplete or missing information will delay your filing because they cannot be processed and will be returned to you.

1. **Company I.D. (CIC) Code:** Enter the code located on the certificate of authority assigned by the OIC.
2. **Company Name/Address:** Enter the company's name and mailing address as registered by the OIC.
3. **Date Submitted:** Enter the date the filing is mailed by your company
4. **Proposed Effective Date:** Enter the prospective date on which the filing would be in effect. If the filing is for a negotiated group, enter the date on which the filing is to be, or was effective. This date should not be more than 30 days prior to the "Date Submitted."
5. **Contact Person:** Enter the name of the person who prepared the documents for submission.
6. **Title:**
7. **Phone:**
8. **Fax:**
9. **E-Mail Address.**
10. **Purpose of Filing:** Describe what the filing is intended to do, in 10 words or less. For example, "This filing will add the new women's health care language."
- 11A. **Contract Number/Effective Date:** Enter the number and date used to identify the contract. This number should be located on the lower left-hand side of the contract. (If no form number is in the lower left-hand corner or the numbers of the filing pieces do not correspond, ***the filing will be returned as incomplete***).
- 11B. **Prior Contract Number/Effective Date:** If the form has a previous number and date, enter it here.
- 11C. **Product Name:** Enter the name of the product. For example: Traditional 100.
12. **Large Group (51+):** Check this box if this product is sold to large groups.
13. **Application:** You must file an application with the standard master contract.
14. **Certificate of Coverage:** Check this box if this filing contains a member handbook, brochure or other information given to the subscriber describing coverage.
15. **Endorsement:** Check this box if you are filing an endorsement or rider. If you have several endorsements please list the first one on the transmittal (INS-1120). List any additional endorsements on a separate sheet.
16. **Small Group (1-50):** Check this box if this product is sold to small groups.
17. **Application:** See instructions on line 13.
18. **Certificate of Coverage:** See instructions on line 14.
19. **Endorsement:** See instructions on line 15.
20. **Individual:** Check this box if this product is sold to individuals.
21. **Application:** See instructions on line 13.
22. **Endorsement/Rider:** See instructions on line 15.
23. **Conversion:** Check this box if this product is sold as a conversion plan.
24. **Endorsement/Rider:** See instructions on line 15.
25. **Other:** Check this box and identify your filing if it is anything other than the items outlined above.
26. **Prior Approval:** These forms and contracts require approval from the OIC prior to use.
27. **Provider Agreement:** Check this box if filing a form for contractual agreements with providers.
28. **Benefit Comparison Brochure:** Check this box if filing a brochure that compares small group health benefit plans to the BHP model plan. {RCW 48.44.023, RCW 48.46.066}
29. **Proprietary/For-Public:** Check the appropriate categories that apply if your filing includes premium rates.
30. **Negotiated Contract:**
 - Master Contract/Effective Date:** Enter the master contract number and effective date used to identify the contract. (*If negotiated contract was not derived from a master contract, do not complete this box.*)
 - Negotiated Contract/Effective Date:** Enter the contract number and date.
 - Contract Documents:** Check the boxes for which the document revisions apply.
 - Contract Group Name:** Enter the name of the group. For example Joe's Hamburgers
 - Contract Group Number:** Enter the number that you use to designate the group.
 - Group Category:** Check the box that applies to the contract being filed.

PROPRIETARY STATUS – RCW 48.02.120(3) provides that actuarial formulas, statistics and assumption shall be withheld from public inspection in order to preserve trade secrets or prevent unfair competition. Carriers desiring to withhold specific information from public inspections shall: (1) check the proprietary box on line 29, and (2) clearly separate and identify the materials that are desired to be non-public. Preface the separate non-public materials with written justification.

